## SERIAL NO. FILING DATE 100 2 5480 **CLAIMS ONLY** APPLICANT(5) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT DEP. INO. DEP. IND. DEP. IND. DER **B3** ,50 TOTAL IND. TOTAL IND. TOTAL DEP. YOTAL CLAIMS TOTAL DER TOTAL CLAIMS \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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